

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN1601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/04/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HORIZON HEALTH AND REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>811 KEYLON STREET MANCHESTER, TN 37355</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments  During the annual licensure survey and complaint investigations (#31284, #28691, #31723, and #32173) conducted on December 4, 2013, at Horizon Health and Rehabilitation Center, no deficiencies were cited in relation to the complaints under chapter 1200-8-6, Standards for Nursing Homes.	N 000		
N 433	1200-8-6-.04(24) Administration  (24)The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public.  Authority: T.C.A. §§4-5-202, 4-5-204, 39-17-1803, 39-17-1804, 39-17-1805, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-225, 68-11-254, 68-11-256, 68-11-257, 68-11-268, 68-11-906, and 71-6-121.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the charity care policy in an area accessible for public viewing.  The findings included:  Observation and interview with the Administrator, on December 2, 2013, at 1: 30 p.m., in the Administrator's office, confirmed the facility's charity care policy had not been posted for public viewing.	N 433	N 433 1200-8-6-.04(24) Administration  How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.  On 12/04/13, the facility's Charity Care Policy was posted to be accessible to the public.  How the facility will identify other residents having the potential to be affected by the same deficient practice.  All residents have the potential to be affected.  The Administrator will monitor the posting of the Charity Care Policy for accessibility within the facility.  What measure will be put in place or systemic changes made to ensure that the deficient practice will not occur.	12/4/13

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Michelle Ward, CEO*

12/20/13

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HORIZON HEALTH AND REHAB CENTER**

**811 KEYLON STREET  
MANCHESTER, TN 37355**

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N 433			<p>The Administrator or designee, (Admissions Director) will ensure the Charity Care Policy is in proper placement.</p> <p>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not reoccur</p> <p>The Administrator will bring the Charity Care Policy audit findings to the Quality Assurance Performance Improvement Committee meeting monthly, for (3) months and then PRN, if needed. The Quality Assurance Performance Improvement Committee members are the Administrator, Director of Nursing, Staff Development Coordinator, Social Services Director, Maintenance Director, Business Office Manager, Dietary Manager and the Medical Director.</p>	

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(X6) DATE

*Michael Ward, CEO*

*12/20/13*